

ALASKAN COPPER WORKS : Fax: 907-382-7346

**** Transmit Conf. Report ****

Mar 3 '99 10:37

ALASKAN COPPER WORKS ----> 94252263988	
No.	0055
Mode	NORMAL
Time	1'27"
Pages	2 Page(s)
Result	O.K.

"98" Tier 2 Report. Faxed Per Mike (Eck)



STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

P.O. Box 47600 • Olympia, Washington 98504-7600
(360) 407-6000 • TDD Only (Hearing Impaired) (360) 407-6006

June 3, 1998

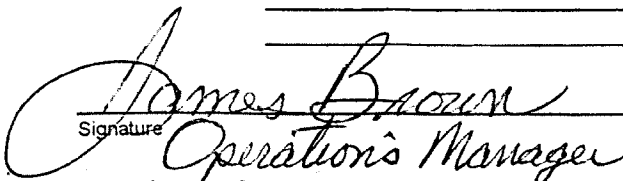
RE: 1997 Hazardous Chemical Inventory (Tier Two) Filing Status

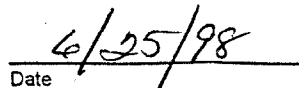
Our records indicate that the State Emergency Response Commission has not received a copy of your 1997 Tier Two Hazardous Chemical Inventory Report for the facility identified by the Community Right-to-Know number on your mailing label. This report was due by March 1, 1998 under SARA Title III, the Emergency Planning and Community Right-to-Know Act. In order to ensure that your facility is in compliance and/or to correct our records, please check which of the following conditions apply to your facility and return this letter (with your Tier Two report, if applicable) by **June 19th** to the address below. Also, please **remember** to use your **Washington Community Right-To-Know Number** with all correspondence and check your emergency contact numbers. Many area codes have recently changed.

CRK Unit
Department of Ecology
PO Box 47659
Olympia WA 98504-7659

For Washington Community Right-to-Know # _____

- ___ This facility previously submitted a Tier Two report and a copy is enclosed.
- ___ This facility is now filing a Tier Two report and a copy is enclosed.
- ___ This facility is not required to file a Tier Two report because:


Signature Operations Manager


Date

Thank you for your assistance. If you need a reporting packet, call us at 1-800-633-7585, press 1 at the greeting. If you have any questions, please call Sadie Whitener at (360) 407-6729.

Washington Community Right-To-Know WA0980738546

Page 1 of 1

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	Facility Identification		Owner/Operator <u>Bill Rosen</u>	
	Name <u>Alaskan Copper Works</u>		Name <u>Bill Rosen</u>	Phone <u>(206) 623-5800</u>
	Street <u>3200 6th Ave South</u>		Mail Address <u>PO Box 3546 Seattle WA 98124</u>	
	City <u>Seattle</u>	County <u>King</u>	Emergency Contact	
	State <u>WA</u>	Zip <u>98134</u>		
	SIC Code <u>3498</u>	Dun & Brad Number <u>00-925-3377</u>		
Reporting for calendar year: 19 <u>97</u>			Name <u>James L. Brown</u>	Title <u>Operations Manager</u>
			Phone <u>206 623-5800</u>	24 Hr Phone <u>206 399-3063</u>
			Name	Title
			Phone	24 hr Phone

Important: Read all instructions before completing form.

Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>007097 37 2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Nitric Acid</u> <u>42070</u> Check all <input type="checkbox"/> or <input checked="" type="checkbox"/> <input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> & <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS EHS Name <u>Nitric Acid</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>0 3</u> Max. Net Weight (lb) <u>0 1</u> Max. Net Weight (kg) <u>0 2 4</u> No. of Containers <u>0 3</u> On Site	<u>D 1 4</u>	<u>628 S. Hanford</u> <u>Storage Area in back</u> <u>of Maintenance</u> <u>Building.</u>	<input type="checkbox"/>
CAS <u>007097 37 2</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Nitric Acid Sol 1020</u> Check all <input type="checkbox"/> or <input checked="" type="checkbox"/> <input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> & <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS EHS Name <u>Nitric Acid</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>0 3</u> Max. Net Weight (lb) <u>0 3</u> Max. Net Weight (kg) <u>3 6 5</u> No. of Containers <u>0 3</u> On Site	<u>A 1 5</u>	<u>3200 6th Ave S.</u> <u>Northeast Corner</u> <u>of Main Shop</u>	<input type="checkbox"/>
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trade Secret <input type="checkbox"/> Chem. Name _____ Check all <input type="checkbox"/> or <input type="checkbox"/> <input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> & <input type="checkbox"/> that apply Pure Mix Solid Liquid Gas EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>0 3</u> Max. Net Weight (lb) <u>0 3</u> Max. Net Weight (kg) <u>0 3</u> No. of Containers <u>0 3</u> On Site			<input type="checkbox"/>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry if those individuals responsible for obtaining the information, I believe that the submitted information is true and accurate and complete.

James C. Brown (Name and Title of owner/operator/representative) James Brown Signature James Brown Date signed 6/25/98
Operations Manager



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June 3, 1998

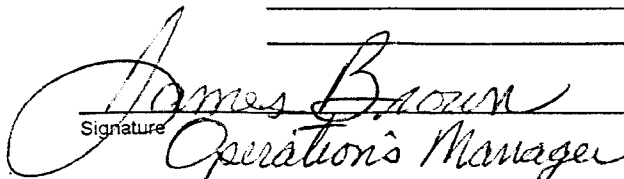
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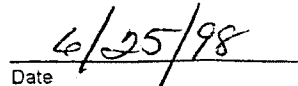
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CRK Unit
Department of Ecology
PO Box 47659
Olympia WA 98504-7659

For Washington Community Right-to-Know # _____

- ☐ This facility previously submitted a Tier Two report and a copy is enclosed.
- ☐ This facility is now filing a Tier Two report and a copy is enclosed.
- ☐ This facility is not required to file a Tier Two report because:


Signature *James Brown*
Operations Manager


Date 6/25/98

Thank you for your assistance. If you need a reporting packet, call us at 1-800-633-7585, press 1 at the greeting. If you have any questions, please call Sadie Whitener at (360) 407-6729.

Washington Community Right-To-Know WAD980738546

Page 1 of 1

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	City <u>Seattle</u>	County <u>King</u>	Emergency Contact	
	State <u>WA</u>	Zip <u>98134</u>		
	SIC Code <u>3498</u>	Dun & Brad Number <u>00-925-3571</u>	Name <u>James L. Brown</u>	Title <u>Operations Manager</u>
	Reporting for calendar year: 19 <u>97</u>		Phone <u>206 623-5800</u>	24 Hr Phone <u>206 399-3003</u>
			Name	Title
			Phone	24 hr Phone

Important: Read all instructions before completing form. ☐ Check if information below is identical to the information submitted.

Chemical Description	Physical and Health Hazards (check all that apply)	Inventory	Container Type Pressure Temperature	Storage Codes and Locations (Non-Confidential) Storage Locations	Optional
CAS <u>007097372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Nitric Acid 42%</u> Check all <input type="checkbox"/> or <input checked="" type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> & <input type="checkbox"/> that apply Pure <u>Mix</u> Solid Liquid Gas EHS EHS Name <u>Nitric Acid</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>013</u> Max Daily Amount (lb) <u>011</u> Avg Daily Amount (lb) <u>024</u> Total Days On Site <u>03</u>	<u>D</u> <u>1</u> <u>4</u>	<u>628 S. Hanford</u> <u>Storage Area in back</u> <u>of Maintenance</u> <u>Building.</u>	<input type="checkbox"/>
CAS <u>007097372</u> Trade Secret <input type="checkbox"/> Chem. Name <u>Nitric Acid Sol 10%</u> Check all <input type="checkbox"/> or <input checked="" type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> & <input type="checkbox"/> that apply Pure <u>Mix</u> Solid Liquid Gas EHS EHS Name <u>Nitric Acid</u>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>013</u> Max Daily Amount (lb) <u>011</u> Avg Daily Amount (lb) <u>365</u> Total Days On Site <u>03</u>	<u>A</u> <u>1</u> <u>5</u>	<u>3200 6th Ave S.</u> <u>Northeast Corner</u> <u>of Main Shop</u>	<input type="checkbox"/>
CAS <u>0000000000</u> Trade Secret <input type="checkbox"/> Chem. Name _____ Check all <input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> & <input type="checkbox"/> that apply Pure <u>Mix</u> Solid Liquid Gas EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>013</u> Max Daily Amount (lb) <u>011</u> Avg Daily Amount (lb) <u>011</u> Total Days On Site <u>03</u>			<input type="checkbox"/>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry if those individuals responsible for obtaining the information, I believe that the submitted information is true and accurate and complete.

James L. Brown (Name and Title of owner/operator/representative) James Brown Signature James Brown Date signed 6/25/98
Operations Manager